

**City of Long Beach
Department of Health and Human Services**

Request for Applications

**For Collaborative Partners for
Teen Pregnancy Prevention Services (CCG-04)**

**Funded by
the State of California Department of Health Services
Office of Family Planning**

Release Date: November 5, 2004

Due Date: November 19, 2004 - 12:00 p.m.

TABLE OF CONTENTS

Section	Page Number
Dates to Remember	3
Intent and Purpose	4
Background Information	4
Target Populations	5
Strategies	5
Applicants Meeting	7
Information for Agencies Interested in Being a Collaborative Subcontractor (Funded)	7
Requirements for Agencies That Receive Funding	8
Application Requirements	9
Application Conditions	13
Criteria for Selection	13
Grievance Procedure for Grant Applicants	15
Technical Assistance	16
Definitions and Acronyms	16
Application Forms & Exhibits	
Form A: Application Cover Sheet	
Form B: Scope of Work	
Form C: Budget & Budget Justification	
Form D: Certification of Financial Stability	
Exhibit I: Sample Scope of Work	
Exhibit II: No Conflict of Interest Form for Review Panel Members	
Exhibit III: Individual Review Scoring Sheet	
Exhibit IV: Scoring Summary Sheet	
Exhibit V: Application Checklist	
Exhibit VI: Youth Health Education Programs	

REQUEST FOR APPLICATIONS

The City of Long Beach Department of Health and Human Services (Health Department) is seeking collaborative partners for a joint application to the California Department of Health Services to support local teen pregnancy prevention (TPP) needs. Interested individuals/agencies may obtain a Request for Applications (RFA) between 8 a.m. and 5 p.m., November 5, 2004 through November 17, 2004 at the Long Beach Department of Health and Human Services Family Health Education Center, 3820 Cherry Avenue Avenue, Long Beach, California and also at the main Health Department facility, 2525 Grand Avenue, room 201 in Long Beach. You may also request that a copy of the RFA be mailed to you by calling 562-570-7919 or at the Health Department's website, www.lbpublichealth.org.

The City of Long Beach intends to provide reasonable accommodations in accordance with the Americans with Disabilities Act of 1990. If special accommodation is desired, please call Michael Johnson at the Department of Health and Human Services at 562-570-4012 or 562-570-4041 (TDD). This information is available in an alternate format by calling Michael Johnson at the above listed telephone numbers.

Dates to Remember

<u>Date</u>	<u>Activity</u>
Friday, November 5, 2004	RFA Released
Friday, November 12, 2004, 1:00 – 3:00 pm	Applicants Meeting, 3820 Cherry Avenue, Long Beach
Friday, November 19, 2004 – 12:00 p.m.	Applications Due
Monday, November 22, 2004	Review Panel Evaluation of Applications
Wednesday, November 24, 2004	Award Decisions Announced (via fax)
Wednesday, December 8, 2004	Memoranda of Understanding Due from Funded Agencies
Friday, December 17, 2004	Teen Pregnancy Prevention Application Due to California Department of Health Services Office of Family Planning
TBA	Meeting of Collaborative Partners
March 1, 2005	Department of Health Services Office of Family Planning Award Decisions Announced
July 1, 2005	Contract Services Begin

I. INTENT AND PURPOSE

In March 2001, the State of California Department of Health Services (DHS) convened the Teen Pregnancy Prevention (TPP) Work Group. The purpose of the TPP Work Group was to conduct a comprehensive review of all of the existing teen pregnancy prevention programs operating under the DHS. Included in this assessment was a review of current TPP efforts, current trends to determine the appropriateness of state efforts, identification of needs and to provide recommendations to the DHS for future pregnancy prevention programs.

The TPP Work Group operated under the following principles:

- Youth development is an emerging component of TPP.
- Effective programs build on community efforts.
- Public/private partnership is a key element in social/public health services.
- Community collaboration and community development support individual change.
- Active involvement of youth, providers and families is imperative.
- Inclusion/cultural competence must infuse all activities
- Systematic and organizational coordination are crucial to success.
- Clinical services should be available to sexually active young people.
- A focus on outcomes is needed to demonstrate efficacy and support improvement.

In response to the efforts and recommendations of the TPP Work Group, the State DHS Office of Family Planning (OFP) issued Requests for Applications (RFAs) for local teen pregnancy prevention programs for Information & Education Programs (I&E), Male Involvement Programs (MIP), and TeenSMART Outreach (TSO) Programs. Through these programs, DHS funds agencies throughout the state to provide TPP services through a model that encourages community collaboration to ensure the planning of non-duplicative, well-integrated and cost-effective services responsive to the needs of all proposed target populations. On October 29, 2004, OFP announced the availability for funding from a fourth program, the Community Challenge Grant (CCG). Currently, the City of Long Beach Department of Health & Human Services (Health Department) receives funding from OFP to implement activities under CCG, including the coordination of the Long Beach TPP Collaborative.

The Long Beach Health Department is seeking collaborative partners for its application to OFP under the CCG Program. Hence, this RFA (CCG-04) issued by the City of Long Beach Health Department is available to all agencies who wish to participate in a joint application for TPP services in response to the State DHS' RFA.

II. BACKGROUND INFORMATION

Long Beach's original TPP collaborative was established in 1997 under the CCG program and included 15 agencies and 30 members. This collaborative was an expansion of the Health Department's existing Youth Health Education Advisory Council. The Council's original mission was to serve as an advisory group for youth targeted sexual health education programs within the Health Department. Since 1997, the CCG Collaborative's mission has been to reduce teen pregnancy and promote responsible parenting within the CCG program components.

As a means of identifying the specific TPP needs of Long Beach, the Health Department initiated an annual community planning process for TPP activities in February 2002. In addition to inviting Collaborative members, an announcement was placed in the *Press-Telegram* (a local newspaper), and a mass mailing and over 100 faxes were disseminated to youth service providers in the greater Long Beach area in order to elicit participation from parents, teachers, youth, key stakeholders, agencies working with youth, and other community members. Twenty-one individuals from 17 agencies attended. The objectives of this meeting were to: 1) review teen pregnancy issues in Long Beach; 2) assess available services, needs and gaps in local TPP services; 3) establish priorities; 4) identify potential partnerships; and 5) improve links between prevention programs and clinical services. The group engaged in a process to complete a logic model, a process used to assist participants in the design and planning of local TPP

City of Long Beach Department of Health and Human Services - RFA CCG-04 – Page 5

services for youth in Long Beach. To continue this TPP planning process, additional meetings were held on July 8, 2003 and April 29, 2004 at the Health Department to review and update the needs and priorities identified in 2002. The ideas gathered from the planning meetings continue to be used to inform the community needs assessment process and to select appropriate target populations and strategies for Long Beach youth.

III. TARGET POPULATIONS

The populations targeted for the strategies designed to meet the goals of the CCG RFA, include but are not limited to:

- A. Pre-sexually active adolescents
- B. Sexually active adolescents
- C. Pregnant and parenting adolescents
- D. Parents and families and adult caregivers.
- E. Young adults at-risk for unintended pregnancy and/or absentee fatherhood.
- F. Youth serving personnel (e.g., teachers, faith leaders, counselors, community workers, coaches, etc.)

IV. STRATEGIES

As determined by the planning meetings and needs assessment activities described in Section II, the following were recognized as priority strategies.

A. Education and Support for Teen Mothers and Fathers

Focus within this strategy may address either teen mothers and/or teen fathers. Topics and/or activities may include but are not limited to: developmental needs of adolescents and infants, abstinence or prevention education in order to prevent subsequent pregnancies, parenting skills, and adult life skill development. Examples of proposed activities may include: educational presentations by adults to parenting teens or regularly scheduled program support groups

B. Service Learning

Youth learn and develop through active participation in thoughtfully organized service that is conducted in the community and meets the needs of the community. Activities are coordinated with an elementary school, secondary school, institution of higher education or community service program, and with the community; helps foster civic responsibility. Activities are integrated into and enhance the academic curriculum or the educational component of the community service program in which youth are enrolled. The activities provide structured time for youth to reflect on the service experience. The difference between service learning and community service is that service learning incorporates activities that provide structured time for youth guided reflection on the service experience and community service does not.

C. Mentoring

Mentoring services must focus on teen pregnancy prevention and may address additional topics including but not limited to, academic tutoring, personal growth and/or career/vocational guidance. Projects must assess mentors as to their understanding of the causes, cost and impact of teen pregnancy and, as needed, provide prevention education during the mentors' orientation. Mentoring services may be provided in a one-on-one basis or in a group setting. The "informal" mentoring strategies listed below must meet the following standards: 1) activities are to occur in settings where supervising staff are present; and, 2) staff should provide on-going supervision of the activities of participating youth. Projects are strongly encouraged to utilize screening procedures, such as fingerprinting and background checks, to assure the safety and protection of the youth and families served.

C1. Formal Adult to Youth Mentoring (Formal)

One-to-one mentoring involves a relationship between a pair of unrelated individuals. Mentor-mentee matches are required to spend time together/interact at least four (4) face-to-face hours per month for a minimum of six (6) months.

An applicant agency that proposes to provide formal adult to youth mentoring services must follow “Recommended Best Practices for Mentoring Programs”, provided by the Governor’s Mentoring Partnership (GMP) <http://www.mentoring.ca.gov>. The office can be reached at (800) 444-3066. Additionally, the Health Department recommends that the agency submit an application to be listed in the California Mentoring Program Directory.

The GMP, through the Mentor Resource Center of the Department of Alcohol and Drug Programs (ADP), maintains an Internet site and provides clearinghouse services to agencies and individuals, mentoring resources and materials (necessary to facilitate overall program goals), and a mentor referral service. It also publishes the *California Mentor Program Directory*. The Mentor Resource Center can be reached at (800) 879-2772 or through its web page at <http://www.adp.ca.gov>.

C2. Adult to Youth Partnership /Role Modeling (Informal)

This type of mentoring involves youth matched for minimum of eight (8) hours with adults who have successfully overcome past background and/or life experiences that closely reflect the youth’s current/recent lifestyle/behavior. The adults model resiliency and resourcefulness, as well as a positive view of the future.

C3. Team Mentoring (Informal)

Team mentoring involves two or more mentors working face-to-face with one young person for a minimum of eight (8) hours per intervention strategy.

C4. Group Mentoring (Informal)

Group mentoring involves a mentor(s) who provide(s) face-to-face contact with two or more youth in a mentoring session for a minimum of eight (8) hours per intervention strategy.

C5. Cross – Age Mentoring (Informal)

With cross-age mentoring, an older adolescent mentors a younger youth (e.g. a high school student mentors a middle school student) for a minimum of eight (8) hours per intervention strategy.

D. Community Awareness & Mobilization

Topics and activities include but are not limited to: increasing visibility of teen pregnancy prevention efforts in the community through media, public relations, and larger scale public events; increasing public awareness and changing community norms about teens and unintended pregnancy; and increasing involvement and commitment from local leaders and other stakeholder in building family and community health. Sub-strategies of community awareness and mobilization include:

D1: Community Event:

A community event has community partners and/or other related stakeholders assembled in an effort to promote teen pregnancy prevention messages through, for instance, teen rallies, community workshops, health fairs.

D2: Advocacy Presentations:

These presentations are to legislators or other elected officials, school board members, stakeholders, or other community groups to increase awareness of the causes, cost and impact of teen pregnancy and increase support for prevention efforts. Additionally, funds may be used to make presentations to increase awareness, knowledge and support of a particular program that has been or is about to be implemented.

D3: Media Presentation:

Release of information to affected community populations through mediums to include: television, radio, newspaper, theatre advertisement, or billboards. Examples of information and activities include public service announcements; participation in radio/television talk shows; development and release of teen pregnancy prevention advertisement; poster contest; release of program specific printed material to local newspapers.

Proposed projects should focus on at least one of these strategies and describe in the Project Description and Scope of Work of the application. **Proposed projects that do not address one of the strategies described above will not be considered for funding.**

V. APPLICANTS MEETING

In order to clarify information contained in this RFA, the Health Department will be conducting an informational session for agency staff to attend on **Friday, November 12, 2004 from 1:00 to 3:00 pm at the Miller Family Health Education Center, 3820 Cherry Avenue in Long Beach.** This meeting will provide an overview of the RFA, application submission instructions, and information about teen pregnancy and prevention efforts in Long Beach. This meeting will also provide an opportunity for applicants to ask specific questions about the RFA. Applicants should carefully review this RFA before the applicant meeting to become familiar with requirements. Prospective applicants are encouraged to bring their copy of this RFA to the Applicants Meeting to reference during the presentation.

VI. INFORMATION FOR AGENCIES INTERESTED IN BEING A COLLABORATIVE SUBCONTRACTOR (FUNDED)

Funding Levels

\$5,000 to \$20,000 per community partner/agency annually will be available to agencies. The Health Department anticipates subcontracting with 2 to 4 agencies. However, the Health Department is seeking an unlimited number of community partners to participate in the joint application and the community collaborative to reduce teen pregnancy. For more information on participating with the TPP Collaborative as an unfunded collaborative partner, contact Sandy Wedgeworth at 562-570-7925.

Grant Period

Projects are expected to begin on July 1, 2005 and operate through June 30, 2008. Continued funding past the first fiscal year (July 1, 2005 – June 30, 2006) is contingent upon satisfactory performance and availability of funds.

Funding Restrictions

The CCG Program funds will be awarded for the sole purpose of implementing locally developed strategies which include education, information, counseling and outreach referrals to meet the goals of the program.

- Applicants may **not** use TPP Program funds to supplant any existing program funding.
- Funds may **not** be used to develop or test non-evaluated or modified curricula.
- Funds may **not** be used for the delivery of clinical service or contraceptives (i.e., condoms).
- Funds may **not** be used for sectarian purposes. Non-profit corporations organized for non-sectarian purposes may be eligible applicants regardless of whether the organizing board members are part of religious organizations. However, interventions, strategies, and all education materials must comply with the mandates of the California Constitution (Article XIV, Section 5), which prohibit the use of state funds to aid any religious sect, church, or sectarian purpose.

VII. REQUIREMENTS FOR AGENCIES THAT RECEIVE FUNDING

Each agency that is awarded funding (subcontractors) must supply the following information and/or adhere to the requirements listed below. **These documents should not be submitted with the application.**

Revised Budget

The Health Department will conduct budget discussions with each funded agency after funding amounts have been determined. A revised budget shall be prepared to conform to the award amount. The Health Department's decisions regarding utilization of funds shall be final.

Revised Scope of Work

The Health Department will conduct scope of work discussions with each funded agency after funding amounts have been determined. A revised scope of work shall be prepared to accurately reflect the work to be completed with the revised budget.

Participation in Collaborative Meetings and Activities

Subcontractors will be required to participate in TPP collaborative meetings on a frequency determined by the collaborative (likely monthly or quarterly).

Monthly Invoices

Each funded agency shall submit monthly invoices. Monthly invoices shall outline costs incurred toward the completion of the agency's revised scope of work and shall conform to the agency's revised budget.

Reports

Each funded agency shall submit quarterly reports. The format of the report will be provided. In addition, agencies may be required to complete other reports as necessary when requested by the CCG Supervisor.

Site Visits

Each funded agency must be available for a yearly site by Health Department staff. Agencies will be contacted in advance and provided with guidelines and requirements prior to the visit. The Health Department may conduct more than one site visit per fiscal year if necessary.

Service Area

Proposed services must be provided in the greater Long Beach area.

Match Requirements

Each funded agency will be required to match 20% of their grant funds with either dollar or measurable in-kind contributions from nongovernmental sources. Potential matches include, but are not limited to: incentives for project participants (e.g., refreshments, meals, music discs, etc.) funded or donated by private sources; volunteer time; donated equipment and furniture; donations of funds or supplies from private sources; private foundation grants or funds; public services announcements from broadcast agencies; transportation for clients. Technical assistance will be provided by the Health Department in identifying potential matches.

Insurance Requirements

Each funded agency shall hold and submit to the Health Department certificates of the following insurance coverage, as required by the City of Long Beach.

- Comprehensive general liability insurance not less than \$1 million.
- Workers' Compensation insurance as required by the Labor Code of the State of California.
- Professional liability insurance not less than \$1 million.
- Automobile liability insurance not less than \$500,000.

Miscellaneous State Requirements

Each funded agency shall adhere to State requirements regarding Equal Employment Opportunity, Drug-Free Workplace, Americans with Disabilities Act, and Environmental Tobacco Smoke. Subcontracts shall outline each agency's obligation to sign certifications and/or develop procedures to insure compliance with the aforementioned State requirements.

VIII. APPLICATION REQUIREMENTS

All applications must be submitted in the following format and **MUST** include all required forms and narratives as outlined in this RFA.

Submission

Submit a single-sided copy of your proposal to:

City of Long Beach Department of Health and Human Services
Miller Family Health Education Center
3820 Cherry Avenue
Long Beach, CA 90807
Attn: Diane Brown, Youth Health Education Supervisor

Telephone: 562-570-7930

Fax: 562-570-8123

Applications will only be accepted at this facility or using the fax number listed above.

Do not submit proposals bound. Submit original copy clipped together in the upper left-hand corner.

Proposals must be received by the Health Department no later than 12:00 p.m., Friday, November 19, 2004. Faxed proposals will be accepted; however, please call to confirm receipt.

Format

All proposals must be written in English and assembled in the format and order described below. Narrative sections must be properly labeled and submitted single-spaced on 8½ inch by 11-inch paper with one-inch margins, and numbered in the bottom right-hand corner. Font size must be no smaller than 12-point.

The application should be 6-7 pages and consist of:

- Application Cover Sheet (Form A)
- Application Narrative:
 - Applicant Capability – 1 page
 - Project Description – 1 page
 - Evaluation Plan – 1 page
- Scope of Work Sheet(s) (Form B)
- Budget and Budget Justification (Form C)
- Certification of Financial Stability (Form D)

In addition, two letters of reference should be included following Form C.

Any additional narrative or forms provided beyond the expressed page limit or in addition to the aforementioned items will not be read. Please use the Application Checklist to confirm inclusion of all necessary documents prior to submission (Exhibit V)

Application Cover Sheet (Form A, form provided)

The Proposal Cover Sheet consists of general information about the agency and provides space for a description of the proposed project.

Application

1. Applicant Capability (1 page maximum)

In the space provided, agencies should demonstrate that they are capable of providing effective, high quality TPP prevention services. This narrative shall include the following information:

- Brief agency history, primary mission, and description of services
- Description of TPP and related services currently provided
- Experience providing the proposed services and any related services
- History serving proposed population
- Ability to coordinate activities with other providers of related services

2. Project Description (1 page maximum)

In the space provided, describe the proposed project for Year 1 (July 1, 2005 – June 30, 2006) activities. This narrative shall include the following information:

- Description of the population to be served and demonstration of the population's need for the proposed services; include information on the geographic locations where services will be targeted – services should be provided within the greater Long Beach area as a means of reducing the teen birth rate for Long Beach residents
- Description of intervention strategies to be used (from Section III). Agencies select up to two strategies/sub-strategies.
- Explanation of the proposed project
- Description of similar TPP services being provided in the Long Beach area and justification for the provision of additional similar services (a list of current Youth Health Education programs are attached for your reference as Attachment VI; however, please be aware that this is not an exhaustive list of TPP services in the Long Beach area)

3. Scope of Work (Form B) (1-2 pages, depending upon the number of strategies/sub-strategies selected)

Using the provided form, the applicant should complete the following for each strategy (you may copy form and use a different form for each strategy):

a. Goal: Goals are broad statements toward which the project's efforts are directed. State one goal for each strategy selected. The selected goal must be one of the following.

1. Reduce teen and unintended pregnancies.
2. Promote the roles of males in the prevention of teen and unintended pregnancies.
3. Increase the number of fathers who support the economic, social and emotional well-being of their children.
4. Promote responsible parenting.
5. Promote postponing parenthood until one is able to provide for the physical, emotional, social and economic well-being of a child.
6. Increase community involvement in building healthy families through awareness of the effects of teen and unintended pregnancies.

7. Promote and support the development of self assured, future-oriented youth capable of navigating through adolescence to responsible adulthood and contributing positively to society.

b. Objective: Each objective consists of one strategy and possibly a sub-strategy that will be undertaken to accomplish the selected goal.

c. Target Population & Strategy Description: For each scope of work objective, indicate the following:

- Indicate the gender(s) served by this objective/strategy: female, male, or both.
- Indicate by percent (%) the age group(s) served by this objective/strategy.
- Indicate by percent (%) the ethnic group(s) serviced by this objective/strategy.
- Indicate the minimum number of participants served by this objective/strategy during the first fiscal year, the number of sessions/presentations/meeting/etc. that participants will attend, and the number of minutes each session/presentation/meeting/etc. will last.
- Indicate whether or not a curriculum is used and state the specific title of the curriculum.

d. Activities/Tasks Needed to Complete This Objective: In this section, indicate in a step-by-step way how each objective/strategy is accomplished. For each activity/task, indicate when (by month and year) the specific activity/task will be conducted and specify the responsible individuals or group assigned.

e. Site of Service: Indicate where the activities/tasks will occur. List service sites by actual name and/or location.

f. Outcomes to be Achieved by the Objective: Indicate, in measurable terms, the results expected after a participant completes this objective/strategy.

A sample Scope of Work is provided (Exhibit I) for your assistance.

4. Evaluation Plan (1 page maximum)

In the space provided, describe how your agency will determine whether project objectives are being achieved. Agencies should describe:

- Past or current evaluation activities completed for agency/program activities
- Specific outcomes to be achieved for each strategy/sub-strategy used.
- Indicate how data to measure process and effectiveness outcomes will be collected (e.g. pre/post surveys, sign-in sheets, activity check list, etc.).
- Plans for using evaluation data to revise, update, or improve activities as needed.

5. Budget and Budget Justification (Form C)

Using the provided format, the budget shall outline anticipated costs incurred toward the completion of program goals and objectives as stated in the project description and scope of work. The five budget categories and instructions for completing the budget are outlined below. Budgets must be prepared for the first 12-month project period (July 1, 2005 – June 30, 2006).

Personnel

Include all personnel costs necessary to operate the proposed project. Personnel costs should be listed by job title (not employee name) indicating monthly salary range or hourly rate range, the percentage of full time equivalent (FTE) that each position will be utilized, and the total amount requested per position for the project period.

Fringe Benefits

Fringe benefits may include, but are not limited to, unemployment insurance, retirement, health insurance, and paid leave, and should be expressed as a percentage of total personnel costs.

Indirect Costs

Indirect costs are costs that are not directly attributed to the proposed project but are incurred by the agency in the implementation of program activities. Examples of indirect cost include, but are not limited

City of Long Beach Department of Health and Human Services - RFA CCG-04 – Page 12
to, utilities, janitorial services, insurance, and bookkeeping services. Indirect costs may not exceed 10% of total Personnel Expenses.

Operating Costs

Operating expenses include office supplies, printing and duplication, postage, mileage, and other related expenses. These must be listed separately, with an estimated cost assigned to each, as well as a total supplies amount. Mileage reimbursement shall not exceed \$0.34 per mile.

Equipment

Equipment is an article of non-expendable, tangible personal property having a useful life of three or more years and an acquisition cost of \$1,000 or more per unit. Examples of equipment may include, but are not limited to, copy machines, computers, audiovisual equipment, etc.

Budget Justification

In the space provided, justify each line item's inclusion in the budget and describe how the line item supports the proposed project. For example, describe staffing responsibilities, the percent FTE, and the rate at which the position is compensated for each position listed in the budget for Personnel Costs; explain the types of costs that will apply to indirect costs and justify the rate expressed in the budget; list and briefly explain line items for Operating Costs and include an estimated monthly or per unit amount; and list types of equipment, estimated cost, and proposed use of equipment.

Certification of Financial Stability

Due to the necessity of programs to invoice the Health Department for services rendered, agencies must be fiscally able to operate activities under the proposed program for a period of ninety (90) days prior to reimbursement.

References

All applicants are required to submit two letters of reference from entities with whom the applicant agency has worked. Contact information for the referring agency's Executive Director should be included in the letter. The Health Department may contact the referring agency if needed. References should be submitted as **Attachment I** in the application.

IX. APPLICATION CONDITIONS

Acceptance of Terms and Conditions

Applicants understand and agree that submission of an application shall constitute acknowledgement and acceptance of, and a willingness to, comply with all of the terms and conditions contained in this RFA. Should funding be awarded, the agency shall provide to the Health Department any necessary additional documentation (i.e., job descriptions for funded positions, copy of applicable licensure, a listing of the agency's Board of Directors, etc.).

Truth and Accuracy

False, incomplete, or unresponsive statements in connection with a proposal will be sufficient cause for rejection of the proposal. The evaluation and determination of the fulfillment of this requirement shall be in the sole judgement of the Health Department and shall be final.

Health Department Changes to RFA

The Health Department reserves the sole right to interpret or change any provision of the RFA at any time prior to the proposal submission date. Such interpretations or changes shall be in the form of a written addendum to this RFA. Such addenda shall become part of this RFA and part of any resultant agreement. Such addenda shall be made available to each person or agency that has received an RFA. Should such addenda require information not previously requested, the Health Department, at its sole discretion, may determine that a time extension is required for the submission of proposals, in which case an addendum will indicate the new proposal submission date.

Compliance with Applicable Laws

Notwithstanding any other provision of this RFA, each applicant shall assure that the proposal prepared and submitted complies with all applicable Federal, State, and local laws, ordinances, regulations, directives, and licensing requirements, as such provisions exist now or in the future.

Disclosure of Contents of Applications

All proposals in response to the RFA shall become the exclusive property of the Health Department. At such time as the Health Department recommends a contract, all applications shall become a matter of public record, with the exception of those parts of each application that are defined by the applicant as business or trade secrets and plainly marked "trade secret," "confidential," or "proprietary." The Health Department shall not in any way be liable or responsible for the disclosure of any such records, or any parts of such records, if disclosure is required or permitted under the California Public Records Act or otherwise by law.

Cost of Applications

The Health Department shall not be in any way liable or responsible for any cost incurred in connection with the preparation or submission of any application submitted in response to this RFP.

Disclaimer

There is no guarantee that the submission of an application will result in funding, nor that funding will be allocated at the requested level. Final contract provisions will take precedence over information contained in the application. Receipt of funding requires that subcontractors comply with any programmatic changes from the State of California Department of Health Services Office of Family Planning in regard to CCG funding. Contracts are not final until approved by the Long Beach City Council at one of its regularly scheduled meetings. **ALL FUNDING IS DEPENDENT ON FUNDING FROM THE STATE OFFICE OF FAMILY PLANNING.**

X. CRITERIA FOR SELECTION

Criteria for grantee selection will be based on:

- Degree of need for the project in the community
- Project's feasibility (measurable objectives and activities)
- Cost effectiveness
- Degree to which the project objectives, activities and/or outcomes can be measured and evaluated
- Degree of applicant's administrative and programmatic capability to implement the program design
- Degree to which the proposed project and strategies are based on research and tested program designs

Review of Proposals

1. Initial Screening: Proposals will be reviewed under the following conditions:

- The agency is an eligible provider as defined in this RFA
- The proposal is in the proper format
- The proposed service qualifies as an eligible service area as defined in this RFA
- The proposal contains all required forms and narratives as outlined in this RFA

The initial screen will be a pass/fail evaluation of the application. Proposals receiving a determination of "fail" will not receive further consideration. There will be no exceptions.

2. Review Panel: Applications will be reviewed against technical criteria. The review will be conducted by a panel assembled by the Health Department with requisite expertise and experience. Panelists will sign a No Conflict of Interest Form (Exhibit II) certifying that they are not in conflict of interest with any of the proposing agencies. The review will result in a score for each application based on technical merit.

The reviewers will score on a 20-point scale. The total points available for each section consists of the following:

Agency Capability	4 points
Project Description	5 points
Project Scope of Work	5 points
Evaluation Plan	3 points
Budget and Justification	3 points

Panelists will individually review each application that has passed the Initial Screening, and rate each application using the Individual Review Scoring Sheet (Exhibit III).

After individual review, the panelists will meet as a group to develop composite scores and make funding recommendations. This process will be facilitated by a Health Department staff. The facilitated review will begin with a discussion of individual scores, strengths, and weaknesses. The panel will then develop a composite score for each application. A consensus among the panel must be reached as there will only be one composite score assigned to each proposal. After scoring is completed, the panel will make recommendation as to which proposals are to be funded and the amount to be allocated to each. An agency must receive a minimum of 10 points in order to be recommended for funding.

The panel will then complete a Summary Sheet (Exhibit IV) for each agency, outlining funding recommendations and composite score.

3. Secondary Analysis: The score resulting from the technical review will be the initial basis for further consideration of a grant award. Based on the score on the application and secondary analysis, final award decisions will be made. Final award decisions are based on the availability of funds and may differ from the amount requested in the application.

Review criteria applied to each application in the Secondary Analysis will include:

- The extent the application contributes to a geographic distribution of funds
- The extent which a currently funded agency has maintained a satisfactory performance record

3. Past Performance Review: For applicants who have previously received City of Long Beach Health Department funding, past performance will be considered during secondary analysis. This review will be conducted by the Health Department and will consider the degree of satisfactory past performance and compliance with grant requirements.

4. Final Funding Consideration: The Health Department reserves the right to fund or not fund any application at its discretion. At the discretion of the Health Department, an application with a lower score may be funded if the application is determined not to impede or compromise the quality of the project and its services and meets one or more of the following criteria:

- The application demonstrates significant need
- There are no other existing TPP programs in the greater Long Beach area served by the applicant
- The award supports geographic distribution of funds
- The application will be a viable project with the provision of technical assistance from the Health Department
- The application will expand availability and accessibility of TPP services in an area of unmet need

References and the agency's financial stability will also be evaluated during this final phase.

Final Selection: Final selection for funding will be based on a number of factors including the score received in the panel review and secondary analysis by the Health Department.

Final selection for funding will be based on the comprehensiveness of strategies submitted and the populations served.

- The City of Long Beach reserves the right to reject any or all proposals received in answer to this RFA if it is deemed not appropriate or incomplete.

- The City of Long Beach makes no representation that any contract will be awarded to any applicant responding to this RFA.
- The City of Long Beach reserves the right to change applications submitted as it sees fit to better meet State DHS requirements.

Funding Announcement

All applicants will be notified by fax (tentatively on Wednesday, November 24, 2004) regarding award recommendations. Applications may not be funded as proposed and/or a final award decision may differ from the amount requested in the application. If so, the scope of work, budget and other relevant factors will be negotiated prior to the signing of the grant agreement.

All funded agencies will be expected to sign and submit a Memorandum of Understanding to the Health Department by Wednesday, December 8.

XI. GRIEVANCE PROCEDURE FOR GRANT APPLICANTS

A grievance exists when an applicant believes there is a dispute arising from the Health Department's action in awarding or failing to award a grant. Only non-funded applicants that submit a timely application that complies with the RFA instructions may file an appeal. Appeals are limited to the grounds that the Health Department failed to correctly apply the standards for reviewing applications in accordance with the RFA. Applicants may only appeal the process, not the funding decision. Applicants may not appeal solely on the basis of funding level. There is no appeal process for late or substantially incomplete applications.

Written letters appealing the Health Department's final award selections must be received **no later than Wednesday, December 8, 2004**. The written appeal must fully identify the issue(s) in dispute, the practice that the appellant believes the Health Department has improperly applied in making its award decision(s), the legal authority or the basis for the appellant's position, and the remedy sought.

Appeal letters should be hand delivered to Cheryl Barrit, Prevention Services Officer, 3820 Cherry Avenue, Long Beach, CA.

Only timely and complete appeals that comply with the instructions herein may be considered. At its sole discretion, the Health Department reserves the right to collect additional facts or information to aid in the resolution of any appeals.

The managers of the Preventive Health Bureau and the Support Services Bureau of the Health Department shall review each timely and complete appeal and may resolve the appeal by either considering the contents of the written appeal letter or, at their discretion, by holding an oral appeal hearing.

The decision of Preventive Health Bureau Manager and the Support Services Bureau Manager shall be final and there will be no further administrative appeal.

XII. TECHNICAL ASSISTANCE AND QUESTIONS

Questions about this RFA can be directed to Diane Brown, Youth Health Education Supervisor, at diane_brown@longbeach.gov or faxed to 562-570-8123. **All written questions must be received by Monday, November 15 at 12:00 pm.** A summary of responses from written questions and those received at the Applicants Meeting will be provided to all individuals who sign in at the Applicants Meeting, submit a written question, or request a copy from Diane Brown.

XI. DEFINITIONS AND ACRONYMS

Definitions

Activity – the way an agency will accomplish a stated objective; the step-by-step plan.

Adult caregiver – An adult other than the legal parent/guardian caring for an adolescent.

Clinics – a community-based clinic licensed under Section 1204 of the Health and Safety Code; and a community clinic exempt from licensure under subdivision (a), (b), (c), (f), (g), (k), and (m) and Section 1206 of the Health and Safety Code.

Clinical Services – Personal family planning reproductive health care with a focus on access to all family planning methods; individualized education and counseling about positive sexual practices and relationships; and, prevention of conditions that threaten reproductive capability including diagnosis and treatment of sexually transmitted (STIs), HIV testing and limited cancer screening.

Contract – A formal document that has to be approved by the Department of General Services (DGS). A contract delineates how the funds are to be spent; the services to be provided by the applicant, the budget, the evaluation process and the payment provisions.

Direct cost – Any cost that can be identified with specific activity requirements of the grant.

Goal – A broad statement of the project's intent and/or objective.

Indirect Cost Rates/Overhead – An amount or pro rata shares of salaries and benefits attributable to common or joint functions and activities of an organization.

In-kind Services – Non-monetary resources and services contributed by an entity/individual to assist the program in carrying out its goals, objectives, and activities.

Lead Agency – the agency with who the State has a formal written agreement.

Letter of Commitment – A letter documenting the applicant's ability to provide services to the target population(s) at agencies specified in the application.

Objective – A statement that indicates the population targeted, the strategy to be implemented, how the outcome will be measured, the result expected, and when the strategy will be started and completed.

Outreach – An organized effort to extend services beyond usual limits such as a particular segment of a community not receiving the services.

Strategy – How an agency will work toward achieving the stated goal; the plan devised to achieve a stated goal.

Sectarian – Related to a religious denomination that adheres collectively to a particular religious creed.

Unintended pregnancy – A pregnancy that was not planned or wanted at the time conception occurred, irrespective of whether contraception was being used (Institute of Medicine, The Best Intentions, 1995).

Acronyms

CCG – Community Challenge Grant

DHHS – Department of Health & Human Services (City of Long Beach); Health Department

DHS – Department of Health Services (State of California)

MIP – Male Involvement Program

OFP – Office of Family Planning

RFA – Request for Funding Application

SOW – Scope of Work

STD – Sexually transmitted disease (synonymous with STI)

STI – Sexually transmitted infection (synonymous as STD)

TPP – Teen Pregnancy Prevention

YHE – Youth Health Education

FORM A
Application Cover Sheet

1. Applicant Agency Name: _____
Address: _____
City: _____
Zip: _____
Telephone: _____ Fax: _____

2. Name of Executive Director: _____
E-mail: _____

3. Project Name: _____

4. Funds Being Requested

Fiscal Year 2005/2006: \$ _____

Fiscal Year 2006/2007: \$ _____

Fiscal Year 2007/2008: \$ _____ Total Requested: \$ _____

Note: Amounts being requested may not be the amounts finally funded.

5. Target Population(s) to be reached by the Proposed Project:

- ☐ Pre-sexually Active Adolescents
- ☐ Sexually Active Adolescents
- ☐ Pregnant & Parenting Adolescents
- ☐ Parents, Families and Adult Caregivers
- ☐ Young Adults (at risk of unintended pregnancy and/or absentee fatherhood)
- ☐ Youth Serving Personnel (e.g. teachers, faith leaders, counselors, group leaders, coaches)

By submitting this application, the applicant signifies the acceptance of the responsibility to comply with all grant requirements stated in this RFA, released by the City of Long Beach Department of Health and Human Services (Health Department). The applicant understands that the Health Department is not obligated to fund the project until the applicant correctly submits completed documents required for the grant award agreement.

Signature of Authorized Agency Official (sign original in blue ink):

Signature

Title

Date

FORM B

SCOPE OF WORK			
GOAL:			
Objective Number:	Activities/Tasks Needed to Complete This Objective		
Strategy:	Steps needed to complete objective	When	Staff Assigned
Sub-Strategy:			
Population served in this Strategy			
<input type="checkbox"/> Females <input type="checkbox"/> Males <input type="checkbox"/> Both			
# Ages served by this strategy:			
11 and younger			
12 – 14			
15 – 19			
20 – 24			
25 and older			
# Ethnic group(s) served:			
African-American			
American Indian			
Asian			
Filipino			
Latino/Hispanic			
Pacific Islander			
White/Anglo			
Other			
Strategy will reach a minimum of:			
Total Number of participants			
Number of sessions/ meetings/activities			
Length in minutes			
	Sites of Service:		
Is curriculum used?			
<input type="checkbox"/> No <input type="checkbox"/> Yes	1.	6.	
Title:	2.	7.	
	3.	8.	
	4.	9.	
	5.	10.	
Outcomes to be achieved by the Objective			

FORM C
Budget & Budget Justification

Agency Name	
Project Title	

CATEGORY	\$ AMOUNT
Personnel	
Fringe Benefits	
Total Personnel	
Indirect (maximum 10% of Total Personnel)	
Operating Costs	
Equipment	
TOTAL	

Form D
Certification of Financial Stability

Agency Name	
Agency Director	

I certify, by my signature below, that the above named agency has the financial ability to operate the program described in this proposal for a period of ninety (90) days prior to reimbursement.

Signature of Agency Director

Date

Exhibit I: Sample Scope of Work

SCOPE OF WORK			
GOAL: Promote responsible parenting			
Objective Number: 1		Activities/Tasks Needed to Complete This Objective	
Strategy: Education & Support for Teen Mothers and Fathers		Steps needed to complete objective	When
Sub-Strategy: n/a		Work with Health Department to identify effective risk reduction program curriculum for pregnant/parenting teens	7/15/05-8/15/05
Population served in this Strategy		Provide training for volunteer staff on workshop curriculum	8/1/05-8/31/05
<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both			Coordinator (M. Gonzalez)
% Ages served by this strategy:		Develop evaluation tool to assess impact/effectiveness of program	8/1/05-8/31/05
	11 and younger		Coordinator (M. Gonzalez)
	12 – 14		Coordinator (M. Gonzalez)
100	15 – 19	Confirm site for the provision of sessions and determine dates.	9/1/05-9/30/05
	20 – 24		Coordinator (M. Gonzalez)
	25 and older		Coordinator (M. Gonzalez)
% Ethnic group(s) served:		Develop publicity materials for parenting sessions.	9/1/05-9/30/05
26	African-American		Coordinator (M. Gonzalez) & volunteers
2	American Indian	Provide outreach and recruitment activities for session participants in coordination with LBUSD and community agencies that serve pregnant/parenting teens.	9/15/05-6/30/06
6	Asian		Program volunteers
6	Filipino		
46	Latino/Hispanic		Coordinator (M. Gonzalez) & volunteers
2	Pacific Islander		
12	White/Anglo	Conduct 4 session workshop sessions and associated evaluation activities.	10/15/05-6/30/06
	Other		Coordinator (M. Gonzalez) & volunteers
Strategy will reach a minimum of:			Ongoing
30	Total Number of participants	Attend Community Challenge Grant Subcontractor and Teen Pregnancy Prevention (TPP) Collaborative meetings.	Coordinator (M. Gonzalez)
4	Number of sessions/meetings/activities		
60	Length in minutes	Complete and submit monthly reports.	Ongoing
			Coordinator (M. Gonzalez)
Sites of Service:			
Is curriculum used?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Title:			
Outcomes to be achieved by the Objective			
1. Upon completion of the workshop, 90% of participants will have stated two personal and one professional/educational goal for themselves.			
2. Upon completion of the workshop, 75% of participants will be able to name two sites where they can receive family planning clinical services.			

No Conflict of Interest Certification

Name: _____

I, as an individual involved in the evaluation process of the Long Beach Department of Health & Human Services RFA CCG-04, by my signature below, do hereby certify that I have no financial or other interest in any applicant agency that would compromise my objectivity in the review process.

Signature

Date

Exhibit III: Individual Review Scoring Sheet

Individual Review Scoring Sheet

Reviewer Name	
----------------------	--

Agency Name	
--------------------	--

Proposal Rating Summary

Section & Review Criteria	Maximum Points	Individual Rating
Agency Capability	4	
Project Description	5	
Scope of Work	5	
Evaluation Plan	3	
Budget and Budget Justification	3	

Proposal Strengths/Weaknesses:

--

Exhibit IV: Scoring Summary Sheet

Proposal Evaluation Summary Sheet

Agency Name:	
Project Title:	

Pass/Fail Rating	
Composite Score	
Funding Requested	
Recommended Funding	

Composite Strengths:

--

Composite Weaknesses:

--

Review Panel Comments:

--

Proposal Checklist

All applications must include all attachments as specified in this RFA and as listed below. Proposals must be organized in the order listed below and follow all formatting requirements as specified in this RFA. The checklist is a tool to assist agencies in organizing and completing proposals; it does not need to be included with the application.

Completed <input checked="" type="checkbox"/>	Section
	Form A: Application Cover Sheet
	Application Narrative – No more than 3 pages
	Form B: Scope of Work
	Form C: Budget and Budget Justification
	Form D: Certification of Financial Stability
	Attachments: Referrals from two agencies

**City of Long Beach
Department of Health and Human Services**

**Request for Applications Addendum
November 15, 2004**

**For Collaborative Partners for
Teen Pregnancy Prevention Services (CCG-04)**

Change to RFA

Page 9

Format

All proposals must be written in English and assembled in the format and order described below. Narrative sections must be properly labeled and submitted single-spaced on 8½ inch by 11-inch paper with one-inch margins, and numbered in the bottom right-hand corner. Font size must be no smaller than 12-point.

The application should be ~~6-7~~ 7-8 pages and consist of:

Questions & Answers

Q: Since our agency provides mentoring, we're looking at Target Strategy C as our area of focus. However, we have a question regarding C4 (Group Mentoring) that we were unable to answer using the definitions section of the RFA. The information for C4 says "Group mentoring involves a mentor(s) who provide(s) face-to-face contact with two or more youth in a mentoring session for a minimum of eight (8) hours per intervention strategy." We're looking to get a definition for "per intervention strategy." In other words, is that a minimum of 8 hours in one session or is it a minimum of 8 sessions for the entire intervention, which could be spread out over multiple sessions?

A: Per intervention strategy means that, for each youth enrolled in the program, that youth will need to meet with his/her mentor(s) a minimum of 8 hours over the entire course of the intervention (one fiscal year).

Q: In regards to having 2 letters of reference from agencies that the applicant agency works with – our agency collaborates with SO many agencies that we're wondering if you have any additional guidance as to what you're looking for with the references. So, should we focus on letters from site directors at after school programs we serve with mentors or are you looking more for statements about our larger community partnerships?

A: Letters of reference can be from any agency that your organization has worked with in the past or with whom you currently work. However, letters need to provide contact information for the Executive Director so he/she can be contacted by the review panel or Health Department staff if necessary.

Q: Are forms available disk?

A: Electronic versions of forms will be available at the Health Department's website and be e-mailed to individuals who submitted questions or who attended the Applicant Meeting.

Q: Can old letters of reference be submitted?

A: Yes, if contact information still the same

Q: Is service learning different than train the trainer?

A: Yes, service learning is targeted to adolescents and young adults at risk for unintended pregnancy; train the trainer is targeted to adult staff who work with youth.

FORM A
Application Cover Sheet

1. Applicant Agency Name: _____
 Address: _____
 City: _____
 Zip: _____
 Telephone: _____ Fax: _____

2. Name of Executive Director: _____
 E-mail: _____

3. Project Name: _____

4. Funds Being Requested

 Fiscal Year 2005/2006: \$ _____
 Fiscal Year 2006/2007: \$ _____
 Fiscal Year 2007/2008: \$ _____ Total Requested: \$ _____

Note: Amounts being requested may not be the amounts finally funded.

5. Target Population(s) to be reached by the Proposed Project:
 - ☐ Pre-sexually Active Adolescents
 - ☐ Sexually Active Adolescents
 - ☐ Pregnant & Parenting Adolescents
 - ☐ Parents, Families and Adult Caregivers
 - ☐ Young Adults (at risk of unintended pregnancy and/or absentee fatherhood)
 - ☐ Youth Serving Personnel (e.g. teachers, faith leaders, counselors, group leaders, coaches)

By submitting this application, the applicant signifies the acceptance of the responsibility to comply with all grant requirements stated in this RFA, released by the City of Long Beach Department of Health and Human Services (Health Department). The applicant understands that the Health Department is not obligated to fund the project until the applicant correctly submits completed documents required for the grant award agreement.

Signature of Authorized Agency Official (sign original in blue ink):

Signature

Title

Date

FORM B

SCOPE OF WORK			
GOAL:			
Objective Number:	Activities/Tasks Needed to Complete This Objective		
Strategy:	Steps needed to complete objective	When	Staff Assigned
Sub-Strategy:			
Population served in this Strategy			
<input type="checkbox"/> Females <input type="checkbox"/> Males <input type="checkbox"/> Both			
# Ages served by this strategy:			
11 and younger			
12 – 14			
15 – 19			
20 – 24			
25 and older			
# Ethnic group(s) served:			
African-American			
American Indian			
Asian			
Filipino			
Latino/Hispanic			
Pacific Islander			
White/Anglo			
Other			
Strategy will reach a minimum of:			
Total Number of participants			
Number of sessions/ meetings/activities			
Length in minutes			
	Sites of Service:		
Is curriculum used?			
<input type="checkbox"/> No <input type="checkbox"/> Yes	1.	6.	
Title:	2.	7.	
	3.	8.	
	4.	9.	
	5.	10.	
Outcomes to be achieved by the Objective			

FORM C
Budget & Budget Justification

Agency Name	
Project Title	

CATEGORY	\$ AMOUNT
Personnel	
Fringe Benefits	
Total Personnel	
Indirect (maximum 10% of Total Personnel)	
Operating Costs	
Equipment	
TOTAL	

Form D
Certification of Financial Stability

Agency Name	
Agency Director	

I certify, by my signature below, that the above named agency has the financial ability to operate the program described in this proposal for a period of ninety (90) days prior to reimbursement.

Signature of Agency Director

Date